

*Privileged and Confidential: Attorney-Client Work Product*

Interview Conducted by: **Joseph Grimes & Ed Achuck**

Prescriber Name: **David Demangone, MD**

Date and Time of Interview: **4/17/15**

Phone number: **440-944-1414**

#### **PRACTICE INFORMATION**

Primary Practice location: **6025 Commerce Cr, Ste 2; Willoughby, OH 44094**

Days /Hours of operation: Website (if any) **Varies; W/Th but could be any day (there all day)**

Is the practice owned by a licensed practitioner? Yes ☒ No ☐

Describe your practice type: ☐ Large Group ☒ Solo practice ☐ Other

Estimated number of patients the practitioner sees daily? **Could be up to 65-70 pts(no pts schedule today)..**

Does your office accept Insurance? **Yes, no medicaid**

#### **PRESCRIBER INFORMATION**

What is your licensed specialty? **Pain Medicine**

List any relevant additional Board Certifications and/or training: **Anesthesiology**

#### **SPECIFIC QUESTIONS TO RESOLVE RED FLAGS:**

- **VOLUME :(100):** **(82 Rx/mo; Share=27% (78<sup>th</sup>). Treats a lot of pts and he is very busy (not accepting new pts. Not since sept/oct).CVS is ½ a block away. A lot of pts use.**
  - What portion of your new patients come via primary care or surgical referral? **Mostly referrals**
  - What are the common chief complaints of your pain management patients?? **Bck pain, neck pain, knee/hip/shoulder**
  - Does your office perform interventions? **He does procedures and until recently had physical therapy**
- **GROWTH: 27K to 5K from 05/2013 to 11/2014**
- **FREQUENT FILLS: (33):** Describe your policy on early fills: **Depends on their problem. Monthly or out as far as once/yr (a few pts). A lot of the pts are seen monthly.**

#### **PROTOCOLS:**

What is the highest quantity of tablets you write for oxycodone 30 mg prescriptions? **(5/325 #178 553/1050)(very high pill volumes).**

- **Feels oxycodone is best tolerated.**
- **Majority of pts gravitated toward the oxycodone.**

Do you utilize long acting medications in conjunction with short acting agents? **A lot of times pts prefer short acting around the clock, rather than an extended release. Drug abusers don't like the Tylenol so they prefer 10mg/325**

Describe any policies or procedures you have in place to minimize overuse of controlled substances

- *Does random UDS, random pill counts, does background checks with OARRS 2-6x/yr depending on the pt and their issues.*
- *Checks OARRS on the same cadence.*
- *Discharged one pt over the past month. Didn't come in for a random pill count*
- How do you respond when a patient tests positive for an illicit substance (i.e. cocaine, heroin, methamphetamine, marijuana)? *The pt is discharged.*

Have you ever had a patient expire due to an overdose from medication you prescribed? (Please explain) *Twice this has happened. Both times the patients did not take as prescribed. Accidental OD*

Provide any additional information that can help us understand the clinical basis for the prescriptions we have observed. *(concern with high volume of pts coming in at once. 15 scripts over 4hrs). (store d/c'd filling as of 11/2014)*

- *He has made a switch to 10/325 strength*

**Notes:**

Dr. Demangone was obviously disinterested in having this discussion, however, he did provide enough answers to give reasonable rationale for the red flags we observed. Moving forward we will continue to monitor his controlled substance prescribing.

**OUTCOME**

☐ Suspend                      ☒ Keep Active & Review